

**Elimination Event Report**  
**Kentucky Boxing and Wrestling Authority**

500 Mero Street  
Capitol Plaza Tower, 6<sup>th</sup> Floor, Office 601  
Frankfort, KY 40601

Complying with the law and rules regulating wrestling, I submit this report on the following event:

Promoter \_\_\_\_\_ Date of Show \_\_\_\_\_

Location \_\_\_\_\_ License Number \_\_\_\_\_

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**Please list names of all participants and their license number (this list must include all boxers, managers, referees, and timekeepers)**

Name	Date of Birth	Name	Date of Birth

Ticket sales information:

Advance sales \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
Door sales \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
Kids sales \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
Other sales \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_

Total sales information:

Total Sales: \_\_\_\_\_  
5% of Sales: \_\_\_\_\_  
Total Due: \_\_\_\_\_

I hereby certify that the above is a true and complete return and that no person was admitted without a ticket and that no other event has been held since the last report:

Promoter's Signature \_\_\_\_\_